

# Families, Humor and Dying i

## TAKING THE "GRIM" OUT OF GRIM REAPER: FAMILIES, HUMOR AND THE DYING PROCESS

by

Peggy J. Troller

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Dr. Terri Karis

Investigation Advisor

The Graduate School  
University of Wisconsin - Stout  
May, 2003

The Graduate School  
University of Wisconsin - Stout  
Menomonie, WI 54751

Abstract

Troller Peggy J.

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Taking the "Grim" Out of Grim Reaper: Families, Humor and the  
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This exploratory, phenomenological study examined how families caring for a dying family member use humor. Five families were interviewed. Data analysis explored how and when families in the dying process use humor. Families used humor to connect and bond, provide emotional rest, decrease discomfort, make peace with impending death, as an expression of their personality and just for fun. Use was shaped by family norms and individual personalities. Humor from family members was more acceptable than humor from professionals, with humor from physicians the most problematic. The study offers suggestions for future research.

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## Chapter One

### Introduction

*I'm not afraid to die, I just don't want to be there when it happens. - Woody Allen*

Life and Death. Comedy and Tragedy. Humor and Dying. We are surrounded by Life, we notice it, revel in it, focus on it to the point of forgetting that it has a flip side - Death. Ah-ha! Oops, made you look! After 20 years of working with death and the dying, I can joke about me and my buddy, Grim (Reaper). Have I come to a place where I do not fear death? Yes and no. As Isaac Asimov states, "Life is pleasant. Death is peaceful. It's the transition that's troublesome."

In my graduate training, I took an anthropology class and was asked to write a paper. Given my interest in death and my natural inclination towards humor, I thought looking at the ways families use humor when confronted with impending death would lead to an interesting study. Much to my surprise and frustration, at that time I found no literature on the subject. I eventually resorted to finding another topic.

I thought about this combination of topics for quite a while after this, thinking that it would be interesting to study this as a thesis. Unfortunately, I could not think of a way to quantitatively study families, humor, and dying, and I nearly gave up. Enter the next semester, my research class, and the study of qualitative research. Eureka! A study was born.

*History of the Researcher*

In my professional career, I have worked for 20 years as a Registered Nurse, working mostly in the areas of Oncology and Hospice. In my practice as a nurse I used humor extensively, even though I worked with a population that was almost always in the process of dying. Over the years, I had the privilege to participate in the deaths of many wonderful people. While not every situation is humorous, many are, and it is my natural bent to look at life through this lens.

Working as a nurse, I have teased patients and families, crawled under and on top of beds, worn goofy clothing, made fun of myself, given highly dramatic readings of the back of romance novels, asked about which "spigot" the milk come out of in cows, sung songs in my amazingly off-key voice, performed inadvertent somersaults down the hall as the result of a spectacular fall while racing an IV pump, and just about anything else that I could think of to elicit a laugh or smile. I have been called silly, crazy, goofy, the weirdest nurse in the world, and wacko. I have also been told that I am the only person left in a patient's life that would laugh with them and that I was one of the few who treated a person "normal." Much to my eternal pleasure and pride, I have also been told that I am special, a godsend, and that I have become a part of many families. For 20 years, I was blessed with a talent which allowed me the privilege to participate in a fundamentally important time in people's lives, providing medical skill and a cheery nature as the price of my admission.

*Why Not Humor and Death?*

It never occurred to me that I must be solemn with people who have a terminal illness. After all, most people live months or years after receiving the news that they are "dying" (and aren't we all?). For me, people with a terminal diagnosis were not dying until they were in the process of imminently dying. It was in no way intuitive to me that dying people would have any less than the normal range of emotions, or that they would view life as any more or less funny than another person not currently in direct association with the terminal nature of life. As George Bernard Shaw stated, "Life does not cease to be funny when people die any more than it ceases to be serious when people laugh."

In my 20 years as a nurse, my patients and their families have provided me with innumerable examples of grace under pressure, and humor in the face of adversity. I have seen examples of humor through every stage of the dying process and in bereavement. I have heard the stories, both big and small, of the events that make up lives. It has never seemed incongruent to me to be sitting around a bed or couch as a person breathed their last, listening to all of the wonderful memories and outrageous events that breathed life into a family. Humor and death, in my professional experience, were wedded.

*You're Doing a Thesis on WHAT?*

We now jump back to graduate school and that anthropology class. If humor and death are, in my experience, so intertwined,



then why can I find nothing written on how families experience this? There is extensive research on humor by itself and death by itself. I wondered why there was so little combining the two.

As I began to explore this idea, I talked about it with people that I met. The reactions I received were enlightening and confusing. A few people I talked with were intrigued, curious and interested in the subject. Many were surprised, and though they could not see the connection at first, often described their own experiences of humor surrounding death and bereavement as we conversed more. A few were shocked and/or appalled by such an inappropriate topic. Even for people who had been through the experience of caring for a dying family member, the first instinct was often to deny there can be humor associated with dying and death.

So, to find out more on the subject, I embarked on this exploratory study of how families use humor in the dying process. An alternative explanation could also be that I sought to achieve immortality by leaving this work to extend my life after my own death. Of course, in that I would be outdone by Woody Allen who stated, "I don't want to achieve immortality through my work. I want to achieve it through not dying." So far, he is right on target with his wishes.

## Chapter Two

### Literature Review

As previously mentioned, I found almost nothing in the professional literature regarding families, humor and the dying process. In examining these issues, therefore, I looked for information on as many of the pieces of these issues as I could find.

#### *Humor*

*Humor is the absence of terror, and terror the absence of humor. - Lord Richard Buckley*

For most people, there is some humor in life each day. While some express humor with a quiet Mona Lisa smile, others hoot, holler and guffaw their way through life. The manner of expressing mirth is less important than the reasons, and the reasons are often difficult to determine.

Gruner (1997) explains that humor needs several aspects to be effective. There must be a winner and a loser, though finding what the winner wins and the loser loses is not always easy. Understanding who wins what and who loses what helps increase comprehension of the humorous situation. Removing either what is won or lost, or the suddenness of winning or losing, renders a situation humorless. Other explanations of what creates humor include: incongruity, importing into one situation what belongs in another, a reversal of attitude or behavior (Paulson, 1998), or simple people being caught up in extraordinary events (Thorson, 1993).

Paulson (1998) raises questions regarding the cause and nature of laughter. He wonders if laughter is surprise, pleasure, relief of fright, or a release. He also speculates that humor has at its base incongruity. Perhaps it is all of these and more. Buckman (1994) suggests that laughter helps decrease psychic stress while limiting the emotional energy expended, since laughter uses less energy than crying, while providing improved emotional feelings.

Philosophers, scientists and poets have all expressed opinions regarding the uses of humor. For Klein (1989), the self-described "jollytologist," humor can mean freedom from the stressors of life, relief from dark times, release of pent-up emotions, a change in the course of a situation, a vehicle that allows a view outside of immediate problems, a way to gain power over losses, encouragement in the face of setbacks, as well as a reduction of denial and anger (Klein, 1986).

Humor can be used in a variety of ways to decrease the negative impact of life events. It can provide a moment of respite (Klein, 1986), reinforce struggles to overcome pain (Killeen, 1991), make an intolerable situation tolerable, be a source of courage, assist with recovery from loss, minimize the hold of upsets, and encourage taking time to enjoy life (Klein, 1989).

Humor provides a distraction from troubles, diverts attention and provides mental relaxation (Klein, 1989). It draws attention away from difficulties (Klein), assists with handling

everyday realities (Buckman, 1994), functions as a "booster" and provides for relief of pent-up pressure (Klein). During times of illness, humor temporarily removes the focus from the illness experience and brings back memories of happier times (Klein). Humor enables us to experience joy even when faced with adversity (Wooten, 1996).

Humor helps lighten a heavy burden. Illness and death can depress the emotions of dying people and those surrounding them, but nonsense can lighten that heavy burden (Klein, 1989). In a study by Langley-Evans and Payne (1997), patients used humor to lighten conversation, maintain a positive outlook, prevent the disclosure of frightening or threatening emotions, bond with each other, and set limits to conversation with staff.

Other authors, such as Buckman (1994), find humor to be a way to gain a sense of control over circumstances, a relief, a route for giving and taking pleasure, a way to decrease social distance, satisfy impulses, dissipate hostility, and show superiority. Thorson (1993) sees humor as a distancing strategy for health care workers to help them face the stress inherent in their jobs and to prevent burnout. Eckardt (1996) philosophizes that humor can provide the means to "come to grips with radical evil, including the final evil of death." Paulson (1998) revels in the way humor highlights and increases the enjoyment of the nonconformist aspects of life.

Psychoanalytically, there are many interpretations of the benefits of humor. Freud viewed humor as an excellent defense

mechanism, useful in addressing one's own frailty (Thorson, 1993). Humor can be seen as a coping skill by which people manage stress (Killeen, 1991), and also as an adaptive manner of withdrawing from reality and entering into imagination (Buckman, 1994). Humor can provide a sense of internal control to a person whose world seems out of control (Killeen, 1991), and provide a bridge to the unconscious (Buckman, 1994). In addition, Buckman adds that humor can decrease the psychic tension surrounding things which cause anxiety (illness, death, sex, and therapy), ease the discussion of difficult topics and feelings, provide a more detached or realistic view of situations, allow one to survive and thrive through failure, success, and difficult situations, and achieve affective freedom.

In Langley-Evans and Payne's (1997) study, which looked at the language used in a day program for terminally ill adults, light-hearted talk about illness and death provided assistance in maintaining optimism, distancing from the fear of death even while acknowledging the terminal nature of illness, and assistance in maintaining a stronger hold on a "fighting spirit." In addition, laughing, smiling, and valuing humor as a coping mechanism provided protection from the negative effects of stress, though researchers found the individual must be able to produce humor, not merely recognize it, for humor to be a successful coping mechanism (Buckman, 1994). Humor can also provide a selective form of denial to decrease fear of future events (Buckman).

Paulson (1998) examines the process of reducing the horrifying to the laughable. He uses as an example early Frankenstein and Dracula movies which were so terrifying that nurses were present to revive members of the audience overcome with fear. Eventually, through the comic methods of distancing and parody, these monsters were transformed into Count Chocula and Frankenberry breakfast cereals. Rarely, if ever, do children need to be revived after confronting their morning bowl of cereal. Through distancing and parody, the audience masters the feared material, and thus is safe.

#### *Death*

*I said to Life, I would hear Death speak. And Life raised her voice a little higher and said, You hear him now. - Kahlil Gibran*

Fear of death is rampant in American culture, where youth is revered and age and death are denied. Eckardt (1996) points out that while an everyday and natural event, death is also looked upon as immoral, horrifying and repugnant. The death of loved ones also serves as a terrifying reminder of each person's eventual demise. While many methods of attempting to decrease this terror exist, "the fear of death survives it's avatars" (Paskoff, 1998, p. 86).

Cultural forces shape the death experience. Some cultures see life and death less as opposing forces at war and more as a natural part of existence (Klein, 1986). Gruner (1997) points out that in American culture, a respectful and solemn attitude toward death is expected. Speaking frankly about illness and death is not allowed; many euphemisms are employed.

The distancing provided by looking at death in a historical setting, through different cultures, or through the arts, provides an easier avenue for joking about death (Klein, 1986). One of the most well-known examples of the combination of these three is from Monty Python's movie *Monty Python and the Holy Grail* (Goldstone, Forstater, Gilliam, & Jones, 1974). In one scene from this movie, a cart is drawn through a village decimated by the Black Plague. The cart is accompanied by a man calling out "Bring out your dead!" The ensuing dialog between an elderly man brought out to the cart, who insists he is not yet dead, and the other two characters in the scene, is priceless.

In many ways, people diagnosed with a terminal illness enter a new world. While feeling overwhelmed dealing with physical decline, the medical establishment, and confusing emotions (Klein, 1986), "patients" often also feel as if they have no valid role to those surrounding them other than in the sick role. Killeen (1991) states that often they wish to be acknowledged as the same person they always were before becoming ill, and they wish to be remembered after death "in vibrant, healthy images" (p. 25). As Klein (1989) points out, "A patient is more than his or her illness" (p. 80). Indeed, even when ill, a person is more than a patient.

Suffering is often a part of the dying process. There may be physical suffering as a result of the pain of illness, psychological suffering at the thought of the inevitable parting of death and/or spiritual suffering as one searches for answers to life's questions. Much of human suffering is not as much in

the events of life, as it is in the interpretation of these events. Eckardt (1996) states that "the more one suffers, the more one has a sense for the Comic" (p. 9). In the depths of suffering, the ability to relate to the comic is born.

#### *Care of the Dying*

*People would say, "You don't have to go see Mother every day." And I said, "I don't have to do it for Mother. I have to do it for me. If I don't do that, then I feel bad." - Susan<sup>1</sup>*

In many societies, there is an increasing trend for people with terminal diagnoses to remain in their homes, cared for by family members (Kinsella, Cooper, Picton, & Murtagh, 1998). (Interestingly, the norm of people dying in hospitals is a relatively recent phenomenon in American society and worldwide, in most societies there is nowhere for the dying to go but home.) Advances in diagnosis, treatment and technology have considerably lengthened the time span from diagnosis to death. Much of the care of terminally ill people is directed by professionals, but carried out by families. While family members performing this care may be seen and treated as mere amateurs by professionals, what is lost in this narrow view is that the foundation of family caregiving is love and concern (Donnelly, 1999).

A study by Kinsella et al. (1998) looked at the measurement of burden in family caregivers. Kinsella et al. found that caregivers experienced physical, emotional and financial demands. Often, caregivers reported the psychological effects

<sup>1</sup> Susan is a participant in this study. All names of participants were changed to protect confidentiality.



of: "anxiety, depression, reduced self-esteem, fatigue, feelings of isolation, and somatic health problems" (p. 1-2). Many of these problems impacted more than the main caregivers; the entire family unit was affected. Kinsella et al. found that the subjective appraisal of the caregiving burden, both the demands of caregiving and the coping skills available, was predictive for the well-being of caregivers. In spite of the physical and emotional toll of caring for a terminally ill family member, there were several positive outcomes named by caregivers: the satisfaction of knowing everything possible was done for the patient; the perception that the death was more intimate and peaceful than if it had occurred in a hospital; an increased sense of intimacy; and the opportunity to resolve family conflicts and prepare in advance for the death.

#### *Humor and Death*

*I didn't attend the funeral, but I sent a nice letter saying I approved of it. - Mark Twain*

Death is inevitable. Its inevitability is a specter that haunts our days and whispers to us in the night. Some live in fear of death, some deny its existence, as if not looking will keep it away. Some look for meaning in religion, philosophy, science or hedonism. Some face death and laugh in its face.

There has been little research on the use of humor in terminal illness (Killeen, 1991). There is some nursing literature looking at humor as a nursing intervention, but it tends more toward theoretical rather than practical knowledge (e.g., Hulse (1994); McGhee & Ventura, 1998; Showalter & Skobel,

1996; Simon, 1988). Wooten (1996) discusses the importance of humor and laughter in the health care setting, either as a tool for use with patients, or as a measure to decrease stress for staff members. She suggests that a "comedy cart" can be a useful tool. Unfortunately, Wooten is one of the few sources for concrete suggestions for adding humor to the medical environment and even she does not directly address humor and dying. There is also some literature on the use of humor in therapy, though again, not in the context of families and dying (Buckman, 1994; Franzini, 2000). A literature search at this time reveals no information describing how families use humor or how humor can be used by families going through the dying process.

Humor draws on the absurdities in life for much of its power. The ludicrous can be noted or ignored, celebrated or negated. Illness, dying and death are situations steeped in absurdity. Klein (1989) believes noticing and celebrating the absurd in these situations is a choice.

Langley-Evans and Payne (1997) found that the nature of conversations in the day program for dying adults helped clients handle the reality of their terminal diagnosis, while the lighthearted nature of the banter provided clients with a distance from the grief attached to these diagnosis. In addition, for some clients, this was the only place that they were free to talk about their illness. Langley-Evans and Payne noted that the majority of the conversation was light-hearted and jovial, even when meeting other clients for the first time.

The humor used was often implicit, but as a rule was a part of much of the clients' communication, and was mirrored by the staff in communication with clients as well. The exception to the light-hearted manner of relating was when discussing bereavement issues. Clients had a difficult time discussing the pain their deaths would cause their loved ones.

A study by Mager and Cabe (1990) examined the relationship between death anxiety and ratings of humor. The authors found that there may be a link between death anxiety and appreciation of humor. Subjects with high levels of death anxiety displayed a less optimistic view of life and lower appreciation of humor of all types. The authors state that humor reduces anxiety and theorize that individuals who feel increased stress have a reduced capacity for humor, since if they were able to appreciate and enjoy humor, their stress levels would be lessened.

#### *Uses of Humor in the Dying Process*

*Now, my good man, this is no time for making enemies. -  
Voltaire on his deathbed in response to a priest asking that  
he renounce Satan*

Klein (1989) is one of the few authors to examine humor and the dying process. Joking about death and the ambiguity surrounding death diminishes the mystery and decreases the fear, oppression, anxiety, and threatening nature of death. Humor also makes it easier to bear the unbearable. He states that death is neither intrinsically sad nor funny, however, the period of time leading up to death is stressful and communication can be difficult. At times such as this, it is easy to lose sight of

the benefits of humor in lightening interactions and providing stress relief. Klein points out that laughing at death provides a triple pleasure: "the pleasure of the joke itself, the malicious joy of laughing at death's expense, and the pleasure of taming Death and fraternizing with him" (p. 188).

*Conquering Death (and fear)*

*Fear not death, for the sooner we die, the longer we shall be immortal. - Benjamin Franklin*

Paskoff (1998) looks at terror and comedy. He states that by turning the terror of death into comedy, one can confront and conquer death symbolically, if temporarily. Eckardt (1996) defines death as "the one destruction that is certain, universal, unexceptional, the one Absolute that suffuses finite existence" (p.10). He sees death as the final incongruity of life, and since comedy deals with the incongruous, death may be studied from this point of view. Making fun of death, and specifically one's own death, helps one face death by accepting the insignificance of life, while diminishing the awesomeness of death (Thorson, 1993). Joking about death offers superiority over death, which, while transitory, can lessen the fear of the inevitable (Gruner, 1997). As Klein (1989) explains, "Humor may not alter the fact that we die; but it helps us live with it and deal with it" (p. 183).

*Communication*

*He is one of those people who would be enormously improved by death. - H.H. Munroe*

Topics that have been hidden or avoided can be addressed through humor (Klein, 1986). Through the frame of play, one can

laugh at the "unfunny and unspeakable" (Gruner, 1997, p. 46) or the sacred, taboo or disgusting. Through storytelling, folklore allows for a discussion of the taboo and forbidden (Thorson, 1993). Gruner gives the example of AIDS jokes allowing humor to open the discussion of the feared disease and neutralize the worries surrounding contracting this disease. Killeen (1991) argues that laughing at death allows the taboo subject to be raised while robbing it of its power. There are myriad euphemisms for death and burial which allow discussion while avoiding straightforwardly mentioning them, such as: heard the final call, cashed in his chips, shuffled off, kicked the bucket, bit the dust, is pushing up daisies, croaked (Klein, 1989, p. 174-175), bit the big one, bought the farm, met his maker, was immortally challenged, was living-challenged, paid the piper, slept with the fishes, and visited Davy Jones' locker (Longpig, 2003).

#### *Decreasing Anxiety*

*We are born with two incurable diseases, life, from which we die, and hope, which says maybe death isn't the end. -  
Andrew Greeley*

Life is full of fear and stress. Humor and laughter are common defense mechanisms which can help to reduce these fears (Klein, 1986; Klein, 1989; Mager & Cabe, 1990; Paskoff, 1998; Thorson, 1993). Gruner (1997) points out that the purpose of humor and joking is "to absorb and control, even slough off, by means of jocular presentation and laughter, the great anxiety that both storyteller and listener feel in connection with certain culturally determined themes" (p. 59). In American

culture, death is certainly one of those anxiety-producing themes. Klein (1986; Klein, 1989) examines how humor can be useful in relieving the anxiety surrounding one's death, the death of others and grief. In making fun of death and the dying, "gallows humor" reinforces the distance between the living and the dying (Thorson, 1993, p. 18) and allows families, friends and professionals to come to terms with their loss (Klein, 1989).

#### *Easing Loss*

*A man's dying is more the survivors' affair than his own. - Thomas Mann*

People experiencing illness, or in the process of dying, face many losses, both physical and psychological. Silliness and humor can decrease the burden of loss, help cope with failing body functions and medical procedures, uplift the emotional mood, and reinforce that the patient is still alive and still connected to those present (Klein, 1989). Killeen (1991) points out that humor from a health care professional demonstrates that the patient has life and validity outside of the sick role.

Families with an ill or dying member often experience role reversal. The discomfort accompanying this role reversal can be eased by a quip or a joke (Killeen, 1991). In stressful situations, often making others laugh works to make both parties feel better and handle the current stresses (Klein, 1989).

#### *Neutralizing Emotion*

*"You cannot prevent the birds of sorrow from flying over your head, but you can prevent them from building nests in your hair." (Klein, 1986, p. 45)*

Humor can be used for displacement of feelings. Thorson (1993) shows that displacement often can be seen in humor at another's expense. Humor about death may be used as a hostile attack on death.

Humor can be a source of power, a way for the oppressed to take the offense against powerful enemies (Thorson, 1993). For those living with cancer, it can also provide balance - a way of focusing on the problems experienced when living with cancer and diverting attention away from issues of mortality, aloneness and worry (Buckman, 1994).

#### *A Word of Caution*

*Men fear death, as children fear to go in the dark; and as that natural fear in children is increased with tales, so is the other. - Francis Bacon*

While humor can be a boon in dealing with the pain, anxiety and inevitability of death, caution is advised. Humor and death are often seen as mutually exclusive experiences, and laughing at death can be seen as in bad taste (Klein, 1986), or uncaring (Thorson, 1993). Discomfort or confusion can result from a forced attempt to look at the "badness" of death in a "good" way through joking or humor (Mager & Cabe, 1990, p. 3). Also, given the nature of terminal illness, there are good days and bad days; days when humor is essential and days when it is intrusive (Klein, 1989). It requires sensitivity and caring to adapt to the mood of the day, or even the moment.

### Chapter Three

#### Methodology

This study was a qualitative, phenomenological inquiry into the experience of families caring for a dying family member. It sought to examine the reality of the people involved in the experience of illness and caregiving and to explore how humor was used during that time.

#### *Qualitative methods*

Qualitative research seeks to produce descriptive data that is based on the words or behaviors of the participants. Taylor and Bogdan (1998) state that qualitative researchers seek to set aside their biases and preconceived ideas and illuminate the meanings people attach to the things and events in their lives. This study uses as a guide the ideological framework regarding qualitative research as outlined by Taylor and Bogdan (p. 7-10):

1. Qualitative researchers are concerned with the meanings people attach to things in their lives.
2. Qualitative research is inductive.
3. In qualitative methodology the researcher looks at settings and people holistically; people, settings, or groups are not reduced to variables, but are viewed as a whole.
4. Qualitative researchers are concerned with how people think and act in their everyday lives.
5. For the qualitative researcher, all perspectives are worthy of study.



6. Qualitative researchers emphasize the meaningfulness of their research.
7. For the qualitative researcher, there is something to be learned in all settings and groups.
8. Qualitative research is a craft.

### *Phenomenology*

Phenomenology is rooted in both philosophy and sociology (Taylor & Bogdan, 1998). Taylor and Bogdan explain that, to the phenomenologist, the most important outcome of a study is an understanding of the meaning and essence of the experience of a particular phenomenon from the perspective and worldview of the participant. The researcher is challenged to capture, understand and report how people construct their realities and define their world. Patton (2002) states that the focus of phenomenology is on how people form individual understanding and shared meaning of their experiences, "how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk about it with others" (p. 104).

Understandings gathered using qualitative methods lead to descriptive data (Taylor & Bogdan, 1998). The task of the phenomenologist is to gather as much in-depth information as possible from original informants, as opposed to using second hand information (Patton, 2002). Using qualitative methods yields rich descriptive data from which to draw conclusions (Taylor & Bogdan). Qualitative research often uses direct observation. The researcher decides for each study whether the

preferred method of collecting data is as a participant or observer, and whether the preferred approach is overt or covert.

In this study, I could not have been a participant in the events studied, as they happened in the past. Due to my long history in this field, I feel that I may have indirect knowledge of some of the basic types of events and emotions these families may have encountered. I was cognizant, however, of the fact that I could have no direct knowledge of these particular families' experiences. My observation of the events discussed in the interviews, therefore, was indirect, though my observation of the family members was direct. My observation was completely overt, with full disclosure to the participants of my methods and intent.

#### *Sample Selection*

The participants for this study were selected using a typical case sampling method, which is an ideal method for illustrating what is typical in a particular setting to those who may be unfamiliar with the setting (Patton, 2002). The results are informative, but can not be generalized to all participants in all settings.

A hospice serving this Midwestern area was contacted and asked to identify families for participation in this study. After approval of the project, I contacted the chaplain who acted as liaison. I gave the chaplain the following information: I was conducting a study looking at how families used humor when caring for a family member who had died. I asked to talk to

families where the death had occurred more than two months ago, but less than eight months ago. I wanted to interview families who were not in the most acute phase of grieving, but for whom the experience would still be fresh. I told the chaplain that I was not looking for families who were uniformly humorous, but rather, a random sampling of cases to allow for a broad range of experience and personality style.

The chaplain supplied me with the names of five families. I sent each of the families a letter describing the proposed study and asking for their participation. A week later, I contacted each of the families by telephone to assess for interest in participation. All families agreed to participate in the study.

All of the family members were middle class, Caucasian, middle-aged to elderly adults. They all resided within 25 miles of the small Midwestern city which holds the university where the researcher attended school. Two of the participants had each cared for their mother, two had cared for their wives and one for her husband. The deceased family members had all died in the previous three to nine months. All of the family members died at home, cared for by family, with the assistance of Hospice.

#### *Data Collection and Analysis*

Families were initially contacted by Hospice to determine their interest in becoming participants in this study. During the follow-up telephone call, I confirmed participants' interest in participation and arranged an appointment for the interview.

At the arranged meeting, the purpose and procedures of the study were explained again and informed consent was obtained. Participants were encouraged to ask questions regarding the researcher and the study, all of which were answered. All families contacted agreed to participate.

I interviewed each of the families in their home, by their choice and at their convenience. The interviews lasted between one and three hours and occurred in January and February of 2003. I left the decision up to the families about who and how many people would participate in the interviews. All of the families began with one main caregiver present for the interview. In one family, the spouse of the main caregiver arrived during the interview and chose to participate as well. Two of the families were related to each other and chose to be interviewed together.

Interviews followed the questionnaire I developed, but were semi-structured, allowing the conversation to flow into channels most relevant to the participants while continuing to revolve around the topics of humor and death. The interviews were tape recorded and transcribed by the researcher. All participants were offered the opportunity to receive a copy of the completed project, three requested this.

Data from the interviews was analyzed using a constant comparative method, with coding and analysis of information gained in the interviews and the relationships of this information integrated into theory (Taylor & Bogdan, 1998).

Analysis began during the first interview and knowledge gained in early interviews was verified in subsequent interviews. Analysis continued through the transcription process and coding. The interviews were examined several times and coded for content and themes present. Themes present in one interview were assessed in all other interviews.

Coding began after all interviews had been transcribed and reviewed several times. I looked for patterns in the transcripts, categorized and classified them, then looked for common themes connecting the interviews (Patton, 2002). The data was examined for convergence, or what elements fit together, and for divergence, or a full examination of all elements contained in the interviews, including negative cases (Patton).

### *Validity*

Qualitative researchers are interested in validity in relation to their research. Importance is placed on gaining knowledge rather than on replicability and reliability, as with quantitative research. The qualitative researcher utilizes systematic and demanding research protocols, though they are less standardized than the protocols of quantitative research (Taylor & Bogdan, 1998). Rather than focusing on the validity of the measuring instrument as in quantitative research, in qualitative research "the researcher is the instrument" and the credibility of the study depends on the skill and rigor of the researcher (Patton, 2002, p. 14).

It is important for researchers to identify their values and preconceptions and take care to mitigate these through field procedures (Patton, 2002). The phenomenological researcher is "prepared to admit and deal with imperfections in a phenomenologically messy, and methodologically imperfect world, but still believes that objectivity is worth striving for" (Patton, p. 93).

A phenomenological research project begins with an attitude of epoch, whereby the researcher engages in a process to become aware of his/her prejudices and preconceptions regarding the investigated phenomenon. When identified, these prejudices and preconceptions are "bracketed," mentally placed aside, so that the phenomenon is studied on its own terms (Patton, 2002, p. 485).

In this study, I attempted to identify my preconceived ideas regarding the use of humor during the dying process. This required significant thought on my part to identify my own biases, given my long professional history. After identifying these biases, I attempted, as much as is possible for a human, to set them aside and look for themes in the data only as they occurred from the participants' own views.

In addition to the above process, I employed peer review of the interviews and triangulation to assist me in maintaining objectivity. The transcripts were reviewed by four graduate level students. Each was asked to identify the themes present in the interviews and look for bias on the part of the researcher.

I then matched the themes noted by these colleagues with those I found during data analysis, and compared these to my previously set-aside biases.

The reviewers found similar themes to those found during data analysis, increasing the validity of this study. Reviewers' comments on my contribution to the interviews focused on my grasp of the medical information mentioned in the interviews and my own interview techniques, but did not identify any areas in which my personal biases influenced the interviews.

The reviewers also identified themes in the interviews that matched themes found in the literature review. Themes of bonding, connection and communication were frequently identified by the reviewers. Using humor to decrease tension, decrease grief, and grapple with the heightened emotions present in the dying process, were themes also noted by the reviewers.

To be honest, I found it difficult at times not to provide interpretation or suggestions for participants during the interview process, but I believe that I was able to avoid doing so. I attempted to be very mindful during the interviews that I was present as a researcher, rather than a therapist or nurse. While this was a new role for me, and thus, less comfortable than that of therapist or nurse, part of my own process was to explore being in the role of researcher.

Another aspect of validity revolves around the substantive significance of the information. In my analysis of the

information, I kept in mind the following questions from Patton (2002):

- How solid, coherent and consistent is the evidence in support of the findings?
- To what extent and in what ways do the findings increase and deepen understandings of the phenomenon studied?
- To what extent are the findings consistent with other knowledge?
- To what extent are the findings useful for some intended purpose?

In addition, I relied on what Patton views as the three elements of consensual validation: the intelligence, judgment and experience of the researcher; the responses of the participants; and the responses or reactions of those who read and review the material.

#### *Strengths of This Study's Methodology*

This study benefited greatly from an excellent sample group referred by Hospice. The participants represented a wide range of experiences and personality styles. They all seemed to participate freely and openly, and willingly shared their stories. My strengths as a researcher were: possessing a genuine interest in the subject matter, a willingness to set aside my preconceptions regarding outcome, and a professional history with the issues surrounding dying and death which allowed for joining with family members. My years of working with families in the dying process had been enhanced by my training in



Marriage and Family Therapy, which allowed a sense of connection with the participants.

I attempted, as much as possible, to be rigorous in my methods to present the lived experience of these families. At all times, I attempted to provide for the highest possible validity. The process of personally transcribing the interviews, while time-consuming, allowed for increased intimacy and familiarity with the responses.

I believe the use of the qualitative method and phenomenology benefited this study by allowing a detailed look into the experiences of these families and the events surrounding the death of their family members. It would be difficult for me to envision a way to gain this descriptive detail in any other fashion.

#### *Limitations of this Study's Methodology*

I believe the most prominent limitation of this study is my own inexperience as a researcher. Having never before developed and implemented a study, I am sure that lack of experience affected the technical aspects of the study. Since I now have intimate knowledge of the transcripts of the interviews, I have noticed changes I would make in my interviewing technique if I were to do this again, such as speaking less and allowing more time between questions to elicit deeper responses from the participants. My style was conversational in nature, which is not all bad, but it could have been more formal.

The small sample size of this study yielded information that was rich. I am sure, however, that there are many viewpoints and experiences unrepresented. I have no knowledge of the selection criteria used by Hospice other than the instructions I provided. While it seemed that the sample represented different types of experiences and personalities, I was not a part of this selection and have no information regarding how it occurred.

### *Ethical Considerations*

In this study, I attempted to provide a comprehensive explanation of my motives and procedures to the participants. I formulated my initial letter and the informed consent in clear, understandable language and verbally explained the consent form.

Discussing emotionally trying events can raise feelings of distress in participants. I provided each of the participants with a list of local resources for mental health counseling, should any of them feel this was needed. While I do not know what transpired after I left each home, at the end the interviews none of the participants appeared to be distressed.

Issues surrounding confidentiality were given great weight. In transcribing the interviews, I removed all names, replacing these with first initials only. Any identifying information was removed or disguised. Consideration was given during peer review to choose only students who lived outside this geographic area to minimize any chance of inadvertent breeches of confidentiality. For this paper, the names of the participants

were changed, in one case the profession of the deceased family member was disguised, and in another the diagnosis was disguised due to the very rare nature of the actual diagnosis. No one other than myself had access to the original data.

## Chapter Four

### Case studies

*Stu and Marion, Kate, Greg and June*

*"And then that little bit laughter and a cup of coffee and we were raring to go again." - Greg*

Stu was an elderly gentleman who took care of his wife, Marion. They had been married almost 49 years at the time of her death and had raised two sons. Stu was assisted in his care of Marion by his niece, Kate and her husband, Greg. Kate and Greg had cared for Kate's mother, June, who died two months before Marion. Given the close nature of this family, they chose to be interviewed together.

Marion had pancreatic cancer and was cared for at home by Stu, and eventually Kate as well. Marion had been ill several months by the time she died. Hospice was involved for 3 months in helping Stu care for Marion. He described Hospice as "the greatest thing that ever happened," and the staff as "angels on Earth."

Stu described Marion as a strong woman who knew her own mind and was "hard to convince of anything" until she had thought it through. Though initially hesitant to ask Kate for help with Marion after Kate's mother died, Stu found Kate's assistance and support to be invaluable. The relationship between Stu and Kate grew to be quite close and supportive and Stu had been helped in his time of bereavement by his relationship with Kate and her husband, Greg.

Kate was a middle-aged woman who, with the assistance of her husband, Greg, took care of her mother, June. June had a history of strokes, which affected her ability to care for herself. For almost three years, she lived in a nursing home in a large Midwestern city. Kate and Greg moved across the state with June to bring her to live near her childhood home, where she also had other friends and relations. June lived for a short time here in a nursing home, but Kate was able to bring her home and care for her with the help of Hospice. She eventually died at home of kidney failure.

Kate described June as having a cheery personality, "That's just the way she was, always happy, laughing." At times, something as simple as a look could start her laughter. Kate stated that both of her parents had been happy people and were well liked. Despite moving across the state for June's welfare and the work involved in caring for her, the only regret Kate and Greg had was that they did not have more time with June before she died.

We would have loved to have had a year or better, and had her up and been able to take her to church more often, or over to see Stu and Marion and that kind of thing. I think that's one of my biggest regrets, is that there wasn't enough time.

June died in July, and very soon thereafter, Kate began helping her uncle, Stu, in the care of his wife. She described this as having been helpful to her, since it got her out of the

house and kept her from dwelling on June's death. She also grew closer to Marion, and much closer to Stu, a relationship that continued to be mutually loving and beneficial.

Stu and Kate identified several types of humor that were a regular part of Marion and June's care. They often used humor to lighten the tone of conversation, to lift spirits, for relief or relaxation, or most commonly as distraction. Stu stated, "even as bad as it was, you couldn't just sit, you couldn't just dwell on it. We'd all (have) been sick." This echoed Klein's (1986) findings that humor can be used for release and relief.

Caring for a loved one in the process of dying was inherently stressful and this family used silliness to "let off steam" or ease frustration. Providing care during the dying process was also physically and mentally exhausting. These families described days of having little more than two or three hours of sleep. As Stu put it:

I sat on this couch for a week, and never went to bed. I sat there and I waited and I stayed up and I watched to see if she was all right. I kept waking up. Boy I never thought I could get along with so little sleep.

This family described humor as a way to "recharge" and "energize."

Another theme of humor used in these families was as a form of connection and communication between family members and with the outside world. Between family members, humor was used when reminiscing about past events and to bond family members

together, as found in the article by Kinsella et al. (1998). Shared experiences both before and during the time of illness gave these families memories to share and provided them with a sense of connection. For example, this family found humor in June playing the "up-down, up-down" game with her lift chair. The game involved using the control button to raise and lower the chair over and over, "like a little ride for her or something," until one day she fell out of the chair when only she and Kate were home. Once Kate knew June was not hurt, she teased June about wanting the firemen to come pick her up. Another example was Marion's habitual refusal to try anything new until she had "thought about it" first. Instead of allowing the small frustrations of everyday life to become divisive, humor turned them into a vehicle for bonding. Kate and June had the opportunity to share the day's experiences and frustrations with Greg upon his return home which allowed him to stay involved in the events of the day, while providing support for Kate in performing the difficult day to day job of caring for her mother.

Humor also eased the discomfort surrounding uncomfortable situations. Dealing with "bathroom" issues was difficult for children caring for parents. June used humor in this situation to help both her son, Bob, and her son-in-law, Greg. As Buckman (1994) notes, humor can help discharge psychic tension surrounding stressful events. When June joked with Bob and Greg during these potentially embarrassing moments, both June and the

person helping her to the bathroom were eased into the job, and allowed to release some of their discomfort.

Humor helped ease social situations which could have been strained by the presence of a dying participant. Instead of focusing on the illness and the fears surrounding that, visitors could joke with Marion or June. Stu related,

You know when she (Marion) was sick there, we didn't just sit and talk about her. We would just start talking about something else, she'd kind of get lost in that subject and then she'd - it would make her feel better.

Humor not only mitigated the discomfort of visitors, but also allowed Marion and June to have an existence, or reality, outside of their illness.

Buckman (1994) states that humor can be a way to gain control over circumstances. Marion used humor in her life to show assertiveness and defiance. Given her independent, strong and private nature, she did not like each new sign of her physical decline, and bristled at the thought of needing assistive equipment. Marion's family and the nurses who worked with her eased these transitions and convinced Marion to try new things by adding humor into conversations. Thus, the hospital bed which Marion eventually loved was allowed into the house only with a promise from both Stu and the nurse that if Marion didn't like it, they would "throw it right back out the door."

Stu and Kate were each able to relate times where humor was just plain fun. Even during very serious times dealing with



illness and death, life contained its absurd moments and both of these families were willing to embrace these moments of enjoyment. Kate can relate with great enjoyment the events of "Hot Wax Day" in which her sister spilled hot wax that was on the stove while frying an egg for June, panicked, and called the Hospice nurse, Laura. When Kate called home to check in,

Laura answered the phone. And all she said is 'Your mom's OK, but you need to come home.' So the whole way home we're thinking that something has happened. We came home and she's trying to clean up the hot wax and Laura's trying to take care of my mom. Here's my sister's boyfriend running around the house hysterical, and visitors come, my aunt and uncle come, the doorbell's ringing, they get a phone call that their dog had gotten hit by a car. And in the meantime, my mom is in there just hungry, wanting something to eat.

While robbing Kate and Greg of one of their precious few days out of the house, this day was also full of the absurdity that gives life its complexity and enjoyment. Stu explained Kate and Greg's reaction this way: "Now, some people would get mad over a deal like that, they'd say, 'You knucklehead.' You know what I mean, 'What the heck?' But they didn't, they seen the humor in it." This day is an excellent example of how, as Klein (1989) states, "humor approaches things sideways, upside down, backward and inside out."

Humor and fun were described as being a fundamental part of June's, and to a lesser extent, Marion's personality. The communication observed during the interview between Stu, Kate and Greg was filled with laughter, jokes, and good natured teasing. Their shared affection provided a glimpse into the fun-loving nature of these three.

*Deborah and Tim*

*There wasn't time to reflect, you know. Revisit the good times and things like that. Everything went so fast, you know. - Deborah*

Deborah was a middle-aged woman who took care of her husband, Tim. Tim was diagnosed with abdominal carcinoma approximately two years before his death. He received treatment for this, and felt rather well until a month before his death.

Tim's last month was very intense. His physical symptoms were severe and difficult to control. He had major surgery within two weeks of his death. Information sharing was problematic and Deborah was left with the feeling that the doctors knew much more than they told the couple. Tim was in and out of the hospital twice in the last month of his life, arriving home for the last time less than a week before his death. He was admitted to home nursing care six days before his death, and to Hospice four days before his death. Deborah was continually pushed to her maximum effort to provide for Tim's physical care, with herself and two daughters taking shifts around the clock. She felt an apt description of this time was "being buried under an avalanche."

Deborah described Tim as a man devoted to his profession, which kept him very involved with his community. While he may have been a "harsh taskmaster" at home, his dealings with others at his job were always fair and generous. She stated, "You know, that, that's what people said about him, that he was always fair. It didn't make any difference if you were a billionaire, or if you didn't have squat, you know. He treated everybody the same."

Deborah's recovery from the tremendous pressure of Tim's last month was complicated by the death of her brother six days before Tim's death and her sister-in-law's death shortly after. After his death, she took a job which paid minimally, but which allowed her to be of service to her community, tangentially involved with Tim's life work. She was comfortable with taking time to provide herself with the rest she needed after the upheavals of the last year.

Deborah provided few accounts of the use of humor during Tim's last month. She stated several times that there was simply no time. The family was so overwhelmed by caregiving demands and coming to grips with Tim's rapid decline, that there was no time to process the experience. Deborah explained, "There wasn't time to reflect, you know. Revisit the good times and things like that. Everything went so fast." The intensity of Tim's physical care necessitated attending to only current experiences.

Tim's family of origin was not close, so when his siblings came to visit, there were no times of reminiscing and sharing

memories of past events. In addition, Tim was a private person, not given to socializing. He did not tend toward joking. Work was his life both at home and at his job.

There were a few instances of humor during Tim's last days. Tim used humor more than once to send a message. In one example a couple of days before his death, Tim asked his wife if she had called the funeral home yet. Deborah found this amusing and replied that it seemed a little early, since he was still talking. Later that day she did, indeed, call the funeral home to begin funeral planning, and the two of them had some time to make funeral plans together and include some of Tim's wishes in the ceremony.

In another example of Tim sending a message through humor, he told his eldest son that he did not deserve his wife. Saying this sent the message of the importance of a good wife, and let Deborah know that he thought she had been a good wife, though this was difficult for him to say directly.

The only other notable use of humor in this family occurred in the time immediately following Tim's death. When the mortuary was preparing and removing Tim's body, his family went downstairs so that they would not have to watch this procedure, one that is often very difficult for families. Shortly before Tim's death, a memorial video prepared by some co-workers had been delivered to the home. While the morticians did their work, the family put the tape in and watched it. Deborah reported that the family found the tape very funny and laughed uproariously,

especially at the incongruity of seeing Tim in the dress common in the 1970's - the dreaded polyester leisure suit. In retrospect, she felt the level of laughter helped to distract the family from what was happening to Tim's body upstairs.

*Cameron and Violet*

*P: So, the people that came that day, what was the mood of all the people that were here?*

*C: Well, they were sad.*

*P: They were sad.*

*C: Pretty sad.*

Cameron was an elderly man who cared for his wife, Violet. Violet was diagnosed with breast cancer almost four years before her death. While she initially had good results from radiation, the cancer eventually returned. Violet was in and out of the hospital many times in the last year of her life, eventually returning home to die. She was cared for by her husband and daughter with the assistance of Hospice. While Cameron's initial dealings with Hospice were difficult, he found they were able to help him learn how to care for Violet in her last weeks.

Cameron was a quiet, taciturn man. He described Violet as "just a real churchy, real churchy person" and stated he and Violet never fought in all of their years of marriage. He gave her his highest praise when he related that she was able to go through all the time of her illness without expressing much sadness and affecting others, "I can't believe how she took that as good without crying a real lot, like that. Making emotions for other people and that." Cameron described himself as very strong under stress, "Usually that's the way I do. I can, I can

function through stuff like that. But I have more of the emotions then by myself. Then other people ain't around and stuff." Cameron was obviously devastated by his wife's death. He remained very lonely, spending a great deal of time watching TV. He looked forward to the spring and getting out into his yard and garden.

Cameron was unable to identify a single instance of humor used during his wife's sickness and death. He spoke several times about Violet's placid nature. When he spoke of others, he described them as uniformly sad about her illness and that they did not want to say anything out of line to her, which he equated with humor. Cameron would have found agreement with Klein's (1986) statement that at times, laughter in the face of death is seen as bad taste.

#### *Susan and Clara*

*"Then you'd have to find things to kind of chuckle about. Because you knew that Mother wasn't Mother at that point." - Susan*

Susan was a middle aged woman living in a rural town. She took care of her mother, Clara, who eventually died of Alzheimer's disease. Although Clara lived in an assisted care facility, Susan visited her nearly every day for almost four years. One of 6 children who were willing or able to assist with Clara's care to varying degrees, Susan was the main caregiver for her mother.

Susan described Clara as having been a great teacher and a wonderful mother. Though Clara became somewhat querulous in her advancing disease, this was viewed as "not being mom." Susan's

devotion to her mother was evident throughout the interview. She described her mother's death as "the most peaceful thing I've ever seen."

Susan's bereavement was complicated by the death of her sister six months after her mother's death, and the deaths of her brother-in-law and granddaughter just preceding her mother's death. She drew strength from her relationship with her remaining siblings and her husband, and quilting.

Susan described many instances she remembered as humorous in the care of her mother. Many of the examples of humor revolved around the themes of Clara's feistiness and Susan's attempts to pacify her, or Susan's reaction to the frustrations she felt at Clara's behaviors. When Susan's brother-in-law died she took Clara to the funeral:

Then she wouldn't be quiet. She wasn't quiet. We were in the middle of my brother's funeral, and we put her in a wheelchair because it would be too much walking. My brother said, 'I'm glad she's sitting with you, Susan, instead of me.' Well, it doesn't do any good to get upset with her because if you do, she'll just do it more. It's just like being with a little kid, except she's a grown woman.

Clara had definite preferences, and was very unhappy when these preferences were not allowed. Susan described an issue surrounding bathing. Clara did not like bathing and would refuse this as much as possible. If the staff had been having trouble convincing Clara to bathe, they would enlist Susan's help. Susan

very much disliked helping with this, as Clara would invariably become angry with her. Susan related this as a funny event, showing how adamant her mother could be, though Susan was frustrated and sad at being put in this position.

Susan used humor to help get Clara to do something that she needed to do, or to explain why something had to happen a certain way. As an example, if Clara needed to go somewhere and did not want to wear a coat, Susan explained:

You just had to kind of turn it around. You almost had to kind of make fun of yourself instead of her. I said, 'Well, if you wear a coat. I'll stay warmer.' You had to treat her like a child.

Another way that Susan used humor was to deal with the incongruity and grief surrounding her mother's mental decline. As Paulson (1998) states, incongruity and a reversal of behavior are two of the elements of humor. Several examples were provided by Susan of funny incidents surrounding odd behaviors of Clara's. In one example, Clara mistook her son for her deceased husband. Clara sat on her son's lap, gave him a kiss and wondered why he had brought "another woman" (his wife) with him. This example was viewed by Susan as very funny, though very embarrassing to her brother. Many examples of Clara's mental decline were cited by Susan as episodes of humor.

For Susan, the most consistent use of humor was with her siblings. At gatherings of the siblings, stories of Clara's latest escapades were always a major topic of conversation.



I think the humor and the laughter comes more with us kids reflecting together. I think it knit us together. Because we could share things and, when she would say things when I wasn't there or when, you know, and we could all share that together. Not laugh at her, but chuckle at her. You know.

Susan interpreted these get-togethers as a way for the siblings to share difficult experiences and process the changes in their mother. Gathering to share common difficult experiences using humor bonds people together (Langley-Evans & Payne, 1997). Susan felt these gatherings to tell stories and laugh brought the siblings closer together and provided a bond between them. After Clara's death they used these same stories to reminisce about Clara and "remember the positives" about her.

Of all the interviews for this study, this one was the most complex. As a researcher, it was the most difficult with which to maintain a purely phenomenological perspective. Repeated readings of the transcripts revealed significant discrepancies between what Susan described as incidents of humor, and the actual content of these incidents. Often, she related an event to be humorous, while she also described herself to be feeling angry, frustrated or sad. For her, assigning painful memories a humorous interpretation seemed to decrease the painful emotions.

Many times in this interview, the theme of Clara being "like a little kid" presented itself. At the same time, there was also the theme of Susan wanting to "stay out of trouble" with Clara. It seemed that ascribing humor to the situation, and

sharing it later with her siblings, allowed Susan to process Clara's petulant and unreasonable behavior away from her mother's presence, which allowed her to stay "out of trouble." In a way, it also allowed her to be in a "one-up" position to Clara, which seemed to have been a rare event in her life. This echoes Thorson (1993), where humor can be used as a displacement of feelings and a way for the oppressed to gain power.

Family dynamics, as related by Susan, were mysterious and complex and left the researcher with many unanswered questions. I am left to wonder what forces led Susan to give up almost 4 years of her life to her mother's care, even though, for most of that time, Clara was in an assisted living facility. Additionally, Susan's siblings seemed to have a more balanced view of their responsibility. I was not sure what led to these differences in behavior. I wondered what the family dynamics were over the life of this nuclear family, since many of the humorous incidents came at the expense of another, either through embarrassment or irritation.

Susan herself gave many contradictory views of events and her mother. Her mother was described alternately as "wonderful" and a tyrant, loving and irritable. Susan's devotion to her mother was commendable, but also at times seemed to beg for attention to be focused on Susan and the merits of her actions. Susan's siblings were described as doing their best, but not as available to Clara as Susan.

## Chapter Five

### Discussion

All the family members interviewed described the care they gave as emotionally demanding and physically exhausting, though they would not have missed the experience. They found satisfaction in their ability to take care of their loved one and felt pride in knowing they had done the best possible job. This echoed the findings in Kinsella et al. (1998), where family members were fatigued by the experience, but found satisfaction in having cared for their family member.

Several of the participants had multiple losses in a short time frame and all were still working through their grief. Several of the family members expressed gratitude for the services of Hospice, saying they did not know what they would have done without this. Interestingly, though bereavement care is a part of Hospice, none of the participants mentioned this, perhaps because it did not pertain to humor.

The uses of humor for these families ranged from none at all, through a complicated disguise for darker feelings, to a jovial banter in the face of death. There were several common themes which emerged from the interviews.

#### *Connection and Bonding*

The most common area of humor use mentioned by families was as a way of connecting with each other. This was referred to using a variety of terms, including "connection," "bonding," and "supporting." All who used humor felt that it brought family

members together emotionally. Part of this communication was reminiscence and life review. As seen in Klein (1989), humor can bring back memories of happier times. All of the families in this study engaged in some form of life review, though in the case of Cameron and Violet, this was a sad and somber gathering of family members.

Each of the families marked in their own way the events of a life and celebrated the love and memories shared. These shared memories and experiences, both of long ago events and the current strains of the dying process, served to connect the family members and solidify their relationships, even in the face of impending death. Memories helped family members feel that although there was now a physical separation, the love and intimacy of their shared lives remained. Even memories that produced unhappy emotions could be laundered and a positive memory created.

Communication with the "outside world" was also enhanced by humor. Stu had running jokes with the Hospice nurses. Their camaraderie provided him with company and comfort as he cared for Marion, and provided a way to lighten the burden he was carrying (Klein, 1989), both physically and emotionally. Family and friends came to visit these families, often bringing with them a breath of fresh air and conversational topics removed from illness. Whether stories from childhood, gossip from town, or a trip through the county historical book, these visitors

provided a taste of life without doctors and death, illness and infirmity.

### *Providing Emotional Rest*

Another common use for humor among these families was in lightening the emotional burden of the dying process. A good laugh could lift the spirits, provide relaxation, and help the caregivers gather the resources necessary to face another hour or another day. Stu and Kate finding humor to be helpful to them in allowing them to "recharge and "energize" parallels humor acting as a "booster" (Klein, 1989). The most frequently mentioned aspect was the use of humor as distraction. Family members used humor to distract themselves from frustration, grief, anger, exhaustion, confusion, shock, and fear. Laughter served to transport families away from the concerns of the moment to a short respite of peace. Several families recognized the need to provide balance or variety in emotional intensity. They found that humor helped them to "shift gears" at times into a lighter, easier mode.

As Buckman (1994) also finds, a round of laughter for these families served to provide release during tense situations, such as when June fell out of her lift chair. Once Kate was able to see that June was not hurt, both were able to allow laughter to wash away concern and breathe life into their relief. In a similar vein, on Hot Wax Day, Greg and Kate were able to see the humor in the craziness they found in their home once they were assured that nothing untoward had happened to June. Their

ability to "let off steam" in the situation allowed them to neutralize the frustration they could have felt at being deprived of their day out.

### *Decreasing Discomfort*

Family members identified several types of situations where humor helped decrease discomfort. Watching the physical and mental decline of a loved one was very difficult. Add to that the daily care, and the emotional and physical exhaustion that accompanied care of the dying, and this difficulty was compounded. Without some form of relief, these stresses could have combined to produce the physical and mental symptoms shown in the Kinsella et al. (1998).

Family members used humor to make light of some of the symptoms of decline. Susan chuckled at Clara hoarding used napkins in her dresser; Deborah grinned at Tim making sure he got out to use his new planer just once. Several family members were able to see through the sadness of decline to the underlying beauty of their family member underneath.

Humor worked to reduce the anxiety associated with the embarrassing and unfamiliar (Gruner, 1997). Comedy also worked to decrease discomfort with distasteful aspects of physical care. In particular, helping a parent with "bathroom jobs" can be very embarrassing for both parent and child. These families used joking and humor to ease the discomfort associated with these sensitive issues. This did not always work, though, since for Susan humor did not help decrease the sad feelings she

experienced regarding Clara's anger when she helped the staff at the assisted living facility bathe Clara. In this situation, Susan tried to use humor to decrease her discomfort, Clara was not able to join in, so humor did not ease the situation.

Occasionally, illness caused social discomfort, easily seen in Clara's feisty behavior, and humor is not always enough to ease this discomfort. Susan tried very hard to ignore or explain away Clara's most embarrassing behaviors with humor, but found it difficult to extinguish her anger. When Marion was confronted with insensitive comments from acquaintances regarding her changed appearance when ill, she was too hurt to be able to use humor to dilute these feelings and eventually stopped going to town.

#### *Just Plain Fun*

At times humor was used simply because it was fun. Humor was most likely to be used by people who had a personality that was prone to using humor. Terminal illness, or caring for someone with a terminal illness, did not change the basic personality of the people involved. Stu and Marion, Kate, June and Doug were all humorous people and enjoyed jokes and laughter. Each of them continued to celebrate the absurd (Klein, 1989), and employ humor throughout this process. Cameron and Violet were quiet, serious people, and the use of humor was not natural to them. It was not surprising that they used no humor during Violet's illness and death.

Susan and her siblings, given ample ammunition by Clara, engaged in humor whenever they were together. While they used humorous accounts of Clara's latest events to bond them and provide a way to process the changes in her, it also seemed that they were able to see humor in many situations, and were able to find fun in unusual events and in teasing each other.

Most of the families were able to provide examples of experiences that were funny simply because they were so absurd. From Hot Wax Day to Tim's polyester leisure suits, the appearance of the absurd always heralded gaiety and mirth. Most families viewed the appearance of the absurd as a gift and made the most of it.

#### *Make Peace with Impending Death*

Family members used humor to decrease tension and the threatening nature (Klein, 1989) surrounding impending death. They spoke of the complex emotions churning within them at this time. While all family members missed the person who had died, more than one mentioned that they would not wish the deceased back into their illness.

Several family members mentioned humor as one of a myriad of human emotions. Humor was seen as balancing other, more distressing emotions such as sadness, anger, frustration and grief. They felt their mental health was improved by facing as many of the emotions they were experiencing as possible, rather than denying or restricting their experience.



Since each of the families eventually came to the realization that death was inevitable, some of them felt that humor was one of the ways they processed the experience and their emotions. Jokes about other deceased family members, funerals, and other forms of "dark humor" allowed the discussion of death-related issues to begin, while decreasing its power (Killeen, 1991).

### *Basic Personality*

The use of humor depended on the personality of the participants, patients and family members, and on family norms. June was most often described as basically a funny person, and her family was able to report many kinds of humorous incidents. At the other end of the scale, Violet was described as "a real churchy woman," and humor was used not at all in her family. The other families fell in a range between these.

In Violet's family, the use of humor would have been seen as "doing something wrong." The family norm was to hold emotions in until alone, then discharge them. Tim's family of origin was "not close," not given to humor and reminiscing. His siblings' last visit with Tim did not contain periods of reminiscing and life review; this was not their norm.

### *Comedy Miscellanea*

Families also used humor for a variety of functions. Susan often used humor to pacify Clara. In the complicated dance of their family relationships, humor was also a way for Susan to achieve a level of equality with, or even superiority over, her mother.

Both Marion and Clara could be difficult to convince to try something new or go along with a plan. Both families used humor to cajole these women into cooperation, even if grudging. Humor served as a way to gain cooperation while allowing the women to keep their pride intact.

Humor was occasionally used by the ill family members to assert themselves. June sent a message to her son about his squeamishness with the "bathroom job" by reminding him how many of his diapers she had changed. Tim was able to continue in his role of patriarch by reminding his son not to fight over his tools after he died. Clara could create a distraction with the squeaky foot pedals of her hated wheelchair.

Humor was also seen as a way to launder memories, or keep the positives in the forefront of memory. This was especially apparent with Susan and Clara. Their relationship was difficult, yet Susan felt very attached to her mother. By remembering the happier moments or by changing the interpretation of events from painful to funny, she was able to feel closer to Clara in memory.

#### *A Word of Caution (Again)*

While these families found humor to be a useful tool in handling the dying process, this was in no way a universal tool. Even in families who used humor extensively, there was the acknowledgement that humor was not always appropriate or appreciated. There were days when Marion did not feel well enough to joke.

Stu and Cameron each mentioned that humor could be seen as offensive, as if disrespecting both death and their family member. For Stu, humor could be used, but within taste and reason. For Cameron, this would never have been an acceptable option.

Humor from professionals involved with these families seemed to be a double-edged sword. There were several examples of humor that were acceptable from the nurses involved with Marion and June, and seemed to be much appreciated by them. The other families did not mention the humor in connection with the nurses at all.

The issue of humor was more thorny for physicians. Two of the families remain angry with physicians for remarks they considered as off-hand, or as misguided attempts at humor. Cameron was very angry over what he considered insensitivity and callousness on the part of physicians at several points in Violet's illness. Deborah still considered writing to one of Tim's physicians. At one point, when discussing whether or not to begin more treatment, the doctor said to Tim, "What's six weeks when you're feeling good?" Six weeks later, Tim was near death, and Deborah was left with the feeling that this was a rather flip statement on the part of the doctor.

## Chapter Six

### Summary and Conclusions

The use of humor can be a powerful way for families to communicate and bond. It eases strong emotion and difficult circumstances, provides balance for stress and allows for the sending and receiving of messages that may be difficult to deliver more directly. For families facing death, comedy can provide relief and release, connection between themselves and with the outside world, and a respite from illness into the normalcy of familiar jokes and teasing.

Much of the power of humor seems to stem from familiarity. First, there is the familiarity of use in a family that regularly engages in fun. In addition, the closer the relationship between people, the more likely it is that humor will be accepted and appreciated. Family and close associates are allowed more latitude regarding what is acceptable.

The use of humor by professionals is problematic, in that it can, on one hand, be used as a way to connect and bond with a family, as seen with the Hospice nurses. Nurses spend more time with patients than physicians, and nursing education is more focused on emotional connection, so they may tend to be more sensitive and in tune to the nuances of the moment with patients.

On the other hand, humor can also be divisive. Two of the families were angry with physicians who had made jokes they felt were inappropriate. Families may have differing expectations for

physicians and nurses. Physicians may be expected to fulfill a more knowledge-based and authoritative role, since they may be seen as holding life in their hands, while nurses could be expected to fulfill a more nurturing, connected role. This would make humor more appropriate for nurses and less appropriate for doctors.

### *Future Research*

Humor can be used in many helpful ways, but it can also be used in a negative fashion. It could be useful to look more closely at humor's darker side, and find out more about the variety of roles and functions humor fulfills. The negative face of humor can be seen in the story of Susan and Clara. There, humor had the potential to be used as one-upsmanship to make up for past slights and wrongs, as a way to gather attention at another's expense, or as a way to elevate one person's status at the expense of another's.

Another area of interest for future research is who is allowed to use humor and in what capacity. Are family members allowed to use humor differently than friends? How is humor related to the role of the Hospice nurse? How may physicians effectively use humor?

As with many of the studies examined during my literature review, this study does not offer concrete suggestions for appropriately adding humor to the lives of families in the dying process. Future research should begin to examine preferences and offer specific suggestions from families regarding what would

help them during this time in their lives and what should be avoided.

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